

Debt Waiver Application Package [Cover Sheet]

Name:

Employer:

Address:

Use this checklist to ensure you have all of the necessary items for your waiver application.

To expedite the processing of your waiver, check off the items included in your package using the checklist and add your name, employer and most current mailing address to the box at the top of this cover sheet. Be sure to include this cover sheet when faxing or mailing your waiver package.

Mail:

DFAS Civilian Pay
ATTN: Dept. 6200
8899 E. 56th St.
Indianapolis, IN 46249

Fax:

DSN: 510-366-0354
Toll-Free: 866-401-5849
Local: 317-275-0354



Defense Finance and Accounting Service

Waiver Package Checklist

<input type="checkbox"/> DD Form 2789	Signed and dated
<input type="checkbox"/> LESs and/or "LQA LES Request Letter"	Template available on LQA website
<input type="checkbox"/> SF-50s	Check with your HR Ofc for missing SF-50s
<input type="checkbox"/> Job offer letter/email/contract	[If applicable]
<input type="checkbox"/> SF-1190s	Signed by an official
<input type="checkbox"/> Notification letter re: "Eligibility for LQA"	From your HR office
<input type="checkbox"/> Emails to/from your HR Office or CSR discussing your LQA entitlement	[If applicable]
<input type="checkbox"/> Letters/other written correspondence where you were told you were eligible for LQA	[If applicable]
<input type="checkbox"/> Typed memos with your signature, if you needed extra space for blocks 12-14 on your DD 2789	[If applicable]
<input type="checkbox"/> Copies of any documentation you refer to in blocks 12-14 on your DD 2789	[If applicable] Each piece of documentation should be signed
<input type="checkbox"/> This cover sheet	